DURABLE MEDICAL EQUIPMENT BULLETIN Vol. 23, No. 1 May 9, 2001

# Missouri MEDICAID Bulletin

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# DURABLE MEDICAL EQUIPMENT 2001 HCPCS UPDATE

As a result of the 2001 HCPCS updates, the following HCPCS codes have been added as covered services, or deleted and replaced with a new or existing HCPCS code.

These changes become effective for all dates of service of June 1, 2001, and thereafter.

# NEW CODES ADDED FOR HCY RECIPIENTS ONLY (AGES 20 & UNDER)

Procedure Code	Description		Reimbursement Guidelines	Medicaid Maximum Allowed Amount
A4319	Sterile water irrigation solution, 1000 ml	А	I of C MN	MP
A4324	Male external catheter, with adhesive coating, each	А	I of C MN	MP
A4325	Male external catheter, with adhesive strip, each	A	I of C MN	MP
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each		I of C MN	MP
A4332	A4332 Lubricant, individual sterile packet, for insertion of urinary catheter, each		I of C MN	MP
A4333	A4333 Urinary catheter anchoring device, adhesive skin attachment, each		I of C MN	MP
A4334	Urinary catheter anchoring device, leg strap, each	А	I of C MN	MP

A4348	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)	А	I of C MN	MP
A6021	Collagen dressing, pad size 16 sq. in. or less, each	А	I of C MN	MP
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	A	I of C MN	MP
A6023	Collagen dressing, pad size more than 48 sq. in., each	А	I of C MN	MP
A6024	Collagen dressing wound filler, per 6 inches	A	I of C MN	MP
A6231	Gauze, impregnated, hyrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	А	I of C MN	MP
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing		I of C MN	MP
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	A	I of C MN	MP
A7501	A7501 Tracheostoma valve, including diaphram, each		I of C MN	MP
A7502	Replacement diaphram/faceplate for tracheostoma valve, each		I of C MN	MP
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	A	I of C MN	MP
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	A	I of C MN	MP

A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	A	I of C MN	MP
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each	А	I of C MN	MP
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	A	I of C MN	MP
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each		I of C MN	MP
A7509 Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each		A	I of C MN	MP

If you already have an existing prior authorization under code Y9098 for any of the new added HCPCS codes, <u>DO NOT</u> request a new prior authorization or submit a claim for the new code(s). You must wait until the existing prior authorization for Y9098 to expire.

# HCPCS CODES ADDED

Code	Description	TOS	Reimbursement Guidelines	Medicaid Maximum allowed amounts
A4396	Ostomy belt with peristomal hernia support	A	I of C	МР
L3760	With adjustable position locking joint(s), prefabricated, includes fitting and adjustment	A	M N	МР

L3923	Hand finger orthosis, without joint(s), prefabricated, includes fitting and	A	M N	M P
	adjustment, any type			

## HCPCS CODES DELETED WITH REPLACEMENT CODE

Code deleted	Replacement Code	TOS	Reimbursement Guidelines	Medicaid Maximum Allowed Amount
A5065	A4421	А	I of C	MP
A5149	A4421	Α	I of C	MP
E1375	E0570	A T O	MN MN MN	\$156.00 \$ 35.00 MP
E1377-E1385	E1390	Т	OREMJ form	\$ 210.00

If you have any questions regarding this bulletin, please contact the Provider Relations/Communications Unit at (800) 392-0938.

A=Purchase

T=Rent

O=Repair

I of C=Invoice of Cost

MN=Medical Necessity form

MP=Manually Priced

OREMJ=Oxygen and Respiratory Equipment form